

<div>Camp Crabgrass Registration / Medical Form</div>
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**Please Print**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mother/Guardian Information**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Father/Guardian Information**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Emergency Contact Information**  
**(Other than parent)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized person(s) to pick up my child are:**

**(I understand my child will not be released with anyone not on the list or without proper authorization)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Medical Information**

Is your child on any type of medication?

Yes

No

If yes, please list: \_\_\_\_\_

Does your child have any specific medical needs?

Yes

No

If yes, please list: \_\_\_\_\_

Does your child have any allergies?

Yes

No

If yes, please list: \_\_\_\_\_

Please list any past medical treatments:

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Please list your child's record of immunizations and date of last tetanus shot:

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Please list special instructions you would like us to know:

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### **Emergency Information**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Medical Information** (Please check any of the following conditions which affect your child)

\_\_\_\_\_ Frequent Ear Infection

\_\_\_\_\_ Has had Chicken Pox

\_\_\_\_\_ Frequent Nose Bleeds

\_\_\_\_\_ Has had Measles

\_\_\_\_\_ Convulsions

\_\_\_\_\_ Has had German Measles

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Has had Mumps

\_\_\_\_\_ Glasses

\_\_\_\_\_ Does have Asthma

\_\_\_\_\_ Other \_\_\_\_\_

## **Medical Release**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. For any minor accidents the Camp Crabgrass Staff has my permission to follow first aid procedures. In the event that I cannot be reached in an emergency, I hereby give my permission to the physicians selected by the program to order x-rays, routine tests and treatment, or hospitalization for my child. I understand that every effort will be made to contact me in the case of any emergency.

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Parent's / Guardian's Signature

Today's Date

### **Medicine to be Administered during Camp**

If your child requires medication to be taken during day camp hours, I hereby give my permission to the Camp Director and Camp Head Counselors to administer medication listed below. All medication must be brought by an adult and taken directly to Camp Head Counselors. All medication must be picked up daily and must be in its original container with child's name and directions. No medication will be taken if it is not in its original container and no medication will be kept overnight.

Medication to be taken: \_\_\_\_\_

Quantity & Time: \_\_\_\_\_

Instructions: \_\_\_\_\_

Medication to be taken: \_\_\_\_\_

Quantity & Time: \_\_\_\_\_

Instructions: \_\_\_\_\_

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Parent's / Guardian's Signature

Date

## **Swimming Skill Level**

To better inform our staff, we would like to know your child's swimming abilities. **Please circle/check one of the selections below:**

Non-swimmer

Beginning Swimmer

Swims like a Fish

**\*\*No personal floatation device is allowed in the pool except those certified by the U.S. Coast Guard and must have a strap that is secured on the back and extends between child's leg and attaches to the front of child's life vest.**

## **Waiver of Liability**

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Deer Park and its employees harmless from liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating in the City of Deer Park's Parks and Recreation activities. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video tape, motion pictures, recordings, or any other record of this event for future publicity.

## **Program Participation Agreement**

I am aware by registering for this program that while sponsored by the Deer Park Parks and Recreation Department, the instructor will retain the right to control the content of his/her instruction and details of his/her work in so far as these are not inconsistent with the City of Deer Park's general policies and standards. In the event a participant has a concern regarding the program, the policy is to consult the instructor first and then if there has not been a satisfactory resolution, the participant should contact the Department's Recreation Supervisor. The Recreation Supervisor's decision will be considered final. If the instructor has a concern regarding a participant in the program, the instructor will attempt to resolve the matter with the individual. If there is still a concern after this meeting, the instructor will consult the supervisors to reach a decision. If after reviewing the situation it is determined a resolution cannot be met, the participant will be asked to remove himself/herself from the program and encouraged to pursue a program elsewhere.

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Signature of Participant (or parent or legal guardian if participant is under 18)

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Participant's Name (please print)

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Name of Program Participating in

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Date

# Camp Crabgrass

## Waivers and Release Forms

*Camper's Name:* \_\_\_\_\_

*Please initial the following waivers and release forms*

### **Swimming Waiver**

*Initials* \_\_\_\_\_

I, the undersigned, understands that my child must know how to swim to participate in all swimming activities sponsored by Camp Crabgrass including field trips to Splashtown, Pirates Bay, Wave Pool, with water rides, swimming pools and Lake Fronts, etc. I agree to indemnify and hold the City of Deer Park and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while participating in any or all water based activities.

### **Archery and Riflery Waiver**

*Initials* \_\_\_\_\_

I understand that my child who will be a participant in riflery/archery through Camp Crabgrass, do agree to indemnify and hold the City of Deer Park and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while participating in any or all riflery/archery activities.

### **Personal Release Waiver**

*Initials* \_\_\_\_\_

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Deer Park and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while participating in the City of Deer Park's Parks and Recreations activities.

### **Photography Waiver**

*Initials* \_\_\_\_\_

I intending to be legally bound do hereby for myself, my heirs, my executors, administrators and assignees, waive, release and forever discharge the City of Deer Park, Texas and its staff for all rights and claims of damage, actions, whatsoever in any manner arising in or growing out of my child's participation in this activity. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recording or any other record of this activity for any legitimate purpose whatsoever.

### **Transportation Waiver**

*Initials* \_\_\_\_\_

I understand that my child may be transported for field trips and swimming at the city pool by a City of Deer Park Employee in a City of Deer Park vehicle. I understand that there exists a possibility of an injury if my child does not abide by safety standards and policies explained to him verbally by staff or received in a written format. I understand that my son/daughter must safely participate during transportation period during a field trip. Lastly, I understand that if an accident does occur, I am obligated for any and all medical costs, ambulance costs and other expenses that arise as a result from transporting by a City of Deer Park vehicle for field trips.

## **Important Information about Camp Crabgrass**

- **Drop-Off Procedures**

- The doors of Camp will not open until **7:30am**. We are not responsible for participants dropped off earlier than 7:30am.
- You may use the front drive to drop off your child(ren). However, if you need to come in and speak to staff you **MUST** park in the parking lot. Please be mindful of other parents who need to drop off.
- **DO NOT DRIVE IN THE GRASS.**

- **Pick-Up Procedures**

- When picking up your child(ren) you must park in the parking lot and come in to sign out your child(ren).
- Cones will be put up blocking the drive way at 3:30pm. Do not move/drive over these cones. They are there for the safety of other children leaving camp.
- A picture I.D. is required at the time of pick-up. No participant will be released without proper form of identification. Please keep in mind that this is for your child's safety.
- Pick up for participants is **5:30 SHARP!** A late fee will be assessed if your child is picked up after 5:30pm.
  - \$10.00 for anytime during the first 10 minutes and \$1.00 per minute after.

- **Behavioral Guidelines**

- The Parks and Recreation Department has implemented a behavior expectation policy. All participants are given these expectations on their first day of camp.
  - Show respect for yourself, other campers, and Parks and Recreation Staff.
  - Listen and follow directions from staff.
  - Unacceptable behavior includes but is not limited to: Use of foul language, hitting, pushing or kicking.
    1. **1<sup>st</sup> Violation-** will result in a formal and supportive verbal warning or "Time Out" depending on the severity of the infraction
    2. **2<sup>nd</sup> Violation-** will result in a discipline report being signed by the parent or guardian.
    3. **3<sup>rd</sup> Violation-** will result in a parent conference and may result in removal from the camp for the remainder of the day or session. Expulsion will forfeit all fees paid for the session.
- The Parks and Recreation Department has behavior expectations for those dropping off and picking up children. Matters of sensitive nature should be discussed in a calm manner. Every effort will be made to remedy a situation; however abusive language or yelling will not be tolerated.

I have read and understand the above. I do realize that any deviation from the statements above can result in suspension from Camp Crabgrass. A refund will not be given.

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Parent/Guardian Signature

Date